IPDR6702				NORTH CAROLINA		PAGE	: 1	
	06/19/2006			CHECKWRITE SUMMARY REPORT				
			CH	ECKWRITE DATE: 06/22/2006 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		8599	759	DETAIL NOT COVERED BY COMBINAT				
3404301	SMOKY MOUNTAINM H/DD/SAS	0333	733	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	681	THIS SERVICE IS NOT PAYABLE TO	24	2511	2942	431
				YOUR SUBMITTED BILLING	24	2311	2942	431
				PROVIDER TYPE AND SPECIALTY IN				
		537	424	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404904	WESTERN HIGHLAN	8505	13673	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		21	7134	DUPLICATE OF CLAIM-SYSTEM	0	21966	22974	1008
		8800	880	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404910	PATHWAYS	21	3833	DUPLICATE OF CLAIM-SYSTEM				
		0505	1057	GLATH DENTED DUE TO THOUSE				
		8505	1956	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	12	7159	16143	8981
		8800	519	FURTHER PROCESSING NECESSARY,				
		0000	313	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912	CATAWBA COUNTYM	8505	584	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	78	FURTHER PROCESSING NECESSARY,	11	769	2269	1500
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404913	MECKLENBURG COM	21	26765	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		11	9757	CLIENT NOT ELIGIBLE ON SERVICE	5021	54761	74736	19975
				DATE				
		8599	7199	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404017		21	24520	DUDITOATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA VIORAL HEAL	21	24529	DUPLICATE OF CLAIM-SYSTEM				
		8505	12939	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET	1	38693	40787	2094
		8800	1007	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
	1	1		FUTURE RA'S.				
3404917	CENTERPOINT HUM	8599	3602	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	2414	DUPLICATE OF CLAIM-SYSTEM	778	13565	16081	2516
					778	13303	10001	2310
		10	2079	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				-
	1			1	1	1	1	

	Т	1		I			moma r	mom:-
PROVIDER	+	HIGH DENIAL	NUMBER OF		TMC	TOTAL.	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	PAID
	FROVIDER WANE				DENTALS	DENTALS	FINALIZED	FRID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	
		0500	4.74					
3404919	GUILFORD CO MEN	8599	171	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACAGE.				
	-	21	120	DUPLICATE OF CLAIM-SYSTEM	45	505	11326	1082
	-				43	303	11320	1002
	-							
		191	76	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8505	14659	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
	<u> </u>							
	<u> </u>	8599	1951	DETAIL NOT COVERED BY COMBINAT				
	+	0.333	1931	ION OF RECIPIENT, PROVIDER AND	217	18598	25068	647
	+			BENEFIT PACKAGE.				-
	+							-
	+	79	429	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
	-			PROVIDER TYPE AND SPECIALTY IN				
	-							
3404921	ORANGE PERSON C	8505	3233	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		21	1471	DUPLICATE OF CLAIM-SYSTEM	21	8281	16994	871
		0500						
		8599	1402	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922		8505	4618	CLAIM DENIED DUE TO INSUFFICIE				
3404322	THE DURHAM CENT ER	0303	1010	NT BUDGET				
	ER			11 202021				
		8800	933	FURTHER PROCESSING NECESSARY,	18	6877	7826	94
				PLEASE CHECK FOR CLAIM ON				
	-			FUTURE RA'S.				
		8599	663	DETAIL NOT COVERED BY COMBINAT				
	<u> </u>			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	21	936	DUPLICATE OF CLAIM-SYSTEM				
	<u> </u>							
	<u> </u>							
	<u> </u>	11	670	CLIPME MOR RITCIBLE ON CREWICE				
	+	11	678	CLIENT NOT ELIGIBLE ON SERVICE	2	2726	8440	571
	+			DATE				
	+							-
	+	8599	599	DETAIL NOT COVERED BY COMBINAT				ļ
	+			ION OF RECIPIENT, PROVIDER AND			1	-
	+			BENEFIT PACKAGE.				
	+			1				
3404925	SANDHILLS CENTE	8505	4777	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD	1		NT BUDGET				
	†							
	1	8599	814	DETAIL NOT COVERED BY COMBINAT	180	7316	11206	389
	1			ION OF RECIPIENT, PROVIDER AND	100	.510		
	†			BENEFIT PACKAGE.				
								İ
		8800	558	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				-				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404926	SOUTHEASTERN RE	5404	3831	SEVERE DUPLICATE: SAME ATTD PR				
	G MENTAL HL			OV/PCODE/TOS/DOS/MOD				
								—
	-	11	1909	CLIENT NOT ELIGIBLE ON SERVICE	730	11101	13641	2540
				DATE				
								-
	+	21	1460	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M	8505	1174	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	58	FURTHER PROCESSING NECESSARY,	2	1368	3233	1865
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	48	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				-
	DD/SAS							
	<u> </u>				_			
	+	0	0		_			-
	+				0	0	0	0
3404930	JOHNSTON COUNTY	8505	496	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				<u> </u>
	MNTL HLTHC			ma boboki				$\vdash \vdash \vdash$
		0	0		0	496	496	0
3404931	WAKE CO HUM SVC	8505	1448	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
	-	21	1005	DUPLICATE OF CLAIM-SYSTEM	22	3302	6631	3329
	+	11	623	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404933	SOUTHEASTERN CT	8534	2478	SERVICE FACILITY LOCATION IS N				
	R FOR MH/DD			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		21	1725	DUPLICATE OF CLAIM-SYSTEM	180	6601	0000	2201
	-				100	6601	9882	3281
		8537	715	PROCEDURE IS NOT PAYABLE FOR Y				-
	+	0007	723	OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404934	0001 0M G	8599	1426	DETAIL NOT COVERED BY COMBINAT				
	ONSLOW CARTERET BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+	10	339	DIAGNOSIS OR SERVICE INVALID F	4	3791	00	4564
	+			OR CLIENT AGE. VERIFY CID,	135	3/91	8355	4564
				DIAGNOSIS, PROCEDURE CODE FOR				
	+	21	327	DUPLICATE OF CLAIM-SYSTEM				
	+							
3404935			0	*** NO DATA TO REPORT ***				\blacksquare
2404323	WAYNE CO MENTAL HEALTH CTR			NO DATA TO REPORT				$\vdash \vdash \vdash$
	<u> </u>		0					
	+				0	0	0	0
	<u> </u>							
3404936	WILSON-GREENE M	8505	19	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	+							
		21	6	DUPLICATE OF CLAIM-SYSTEM	2	43	983	940
								<u> </u>
	+							
		8800	6	FURTHER PROCESSING NECESSARY,				
	<u> </u>			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				\Box
	+			LUCIONE AR S.				
		1	1	1		I .		

ROVIDER	+	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	DENIALS	CLAIMS FINALIZED	PAID
	THOUTDER WAME				neutung	PHILIP	- THEFT COL	EUID
1404937	EDGECOMBE NASH	21	97	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		70	25	THE OFFICE TO NOT DIVISION TO	· · · · · · · · · · · · · · · · · · ·			
		79	35	THIS SERVICE IS NOT PAYABLE TO	0	163	2173	2010
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALIT IN				
		8599	10	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
1404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	0
1404939		8599	123	DETAIL NOT COVERED BY COMBINAT				
1404333	NEUSE MENTAL HE	0333	123	ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER			BENEFIT PACKAGE.				
		21	63	DUPLICATE OF CLAIM-SYSTEM	^	261	4854	4593
		1			0	201	4034	4333
		1						
		7001	13	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
40404*		0.4	20066	DUDY TOTAL OF GLAVE OVERES				
1404941	PITT CO MH/DD/S	21	20966	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
								
		8599	3258	DETAIL NOT COVERED BY COMBINAT	49	27968	40196	12228
				ION OF RECIPIENT, PROVIDER AND	49	2/900	40196	12220
				BENEFIT PACKAGE.				
		143	1235	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
404942	ROANOKE CHOWANH	8536	107	ATTENDING PROVIDER TYPE AND SP				
	UMAN SERVIC			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		104	0.0					
		191	92	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	295	2409	2114
				n FAILENI WAME				
		21	48	DUPLICATE OF CLAIM-SYSTEM				
404943	ALBEMARLE MENTA	8599	553	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			20					
		8931	78	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	124	753	2822	2068
		1		AVICES IN IFKS.				
								
	+	8935	42	ASTNC INELIGIBLE TO RECEIVE SE			1	
				RVICES IN IPRS.				
		1						
404944	EASTPOINTE HUMA	21	8959	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
					-			
		2524	4500					
		8534	4539	SERVICE FACILITY LOCATION IS N	68	16386	31148	14762
			1	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				INCVIDEN. FRENCE VERIFI THE F				
		8537	741	PROCEDURE IS NOT PAYABLE FOR Y				
	1	1	1	OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
1404946	FOOTHILLS AREAM	79	3401	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT	1		YOUR SUBMITTED BILLING				
		1		PROVIDER TYPE AND SPECIALTY IN				
		8505	2261	CLAIM DENIED DUE TO INSUFFICIE	64	9762	11722	1960
				NT BUDGET				
						. —	1	
		21	1388	DUPLICATE OF CLAIM-SYSTEM				
		21	1388	DUPLICATE OF CLAIM-SYSTEM				

	1			T	1	1		
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	4223	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8599	372	DETAIL NOT COVERED BY COMBINAT	1	. 5020	5922	902
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	289	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404979		8505	9005	CLAIM DENIED DUE TO INSUFFICIE				
3404373	NEW RIVER AREAM	0303	5003	NT BUDGET				
	H/DD/SA PRO			NI BUDGET				
		8800	45	FURTHER PROCESSING NECESSARY,	10	9142	9628	486
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	29	DUPLICATE OF CLAIM-SYSTEM				